



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Teater for Hilliard				
Full Name of Contributor Brian W. Wilson			Registration Number, if PAC	
Street Address 3847 River Crossing Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$100.00
Full Name of Contributor Jeffery Cabot			Registration Number, if PAC	
Street Address 60 E. Broad Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/03/2017	Amount \$100.00
Full Name of Contributor Michael Joseph Gillotti			Registration Number, if PAC	
Street Address 3864 Dayspring Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/03/2017	Amount \$200.00
Full Name of Contributor Lyle A. Moog			Registration Number, if PAC	
Street Address 3786 Clay Bank Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/03/2017	Amount \$50.00
Full Name of Contributor Edward A. Sarkel			Registration Number, if PAC	
Street Address 4734 River Run Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/03/2017	Amount \$100.00

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]